

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE Middle District of Pennsylvania

(1) ARIANDO Story 51343-074
 (Name of Plaintiff) (Inmate Number)
F.C.I. Allenwood
P.O. Box 2000 White Deer, PA 17887
 (Address)

FILED
SCRANTON

JUN 29 2020

PER EP
DEPUTY CLERK

(2) _____
 (Name of Plaintiff) (Inmate Number)

 (Address)

(Case Number)

(Each named party must be numbered,
and all names must be printed or typed)

vs.

CIVIL COMPLAINT

(1) C. Howard (warden)
 (2) E. Stahl
 (3) T. Cullen (4) S. GOSA
 (Names of Defendants)

(Each named party must be numbered,
and all names must be printed or typed)

TO BE FILED UNDER: _____ 42 U.S.C. § 1983 - STATE OFFICIALS
☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

III DEFENDENTS

(4) S. GIOSA

Employed as: (PA) Physician Assistant (at) Allenwood F.C.I.

Mailing address: Allenwood F.C.I. P.O.Box 2500 White Deer, PA 17887

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies & each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? (Rec # 978285-A1) final date 10-21-19
Case # 1021531-F1
 2. What was the result? Case # 978285-A1 was closed due to medical
transfer, case # 1021531-F1, waiting response.
- D. If your answer to "B" is No, explain why not: N/A

III. DEFENDANTS

- (1) Name of first defendant: C. Howard
Employed as Warden at Allenwood F.C.I.
Mailing address: Allenwood F.C.I. P.O. Box 2500 White Deer, PA 17887
- (2) Name of second defendant: E. Stahl
Employed as Clinical Director at Allenwood F.C.I.
Mailing address: Allenwood F.C.I. P.O. Box 2500 White Deer, PA 17887
- (3) Name of third defendant: T. Cullen
Employed as Medical Doctor at Allenwood F.C.I.
Mailing address: Allenwood F.C.I. P.O. Box 2500 White Deer, PA 17887
(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. On May 2nd, 2020, I fell off the top bunks latter trying
to get down, due to my knee giving way I lost balance
and hit the left side of my face on the floor, injuring

my left eye.

2. When my Roommates contacted the unit officer, she proceeded to contact medical. On arrival (J. Freynik, EMT) and (N. Snyder, RN) examined my injury then proceeded to glue and bandage my left eyebrow.
3. Since my injury I started to experience severe headaches, blurry vision and swelling to my left eye upon waking every morning, but received no medical attention after submitting numerous emails/cop-opts to medical pertaining to my injury/pains until 6-11-20 when I was told by (PA) S. Gosa there was never records of my injury on May 2nd.

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I, the Plaintiff seek All Relief Available under the Law, Including the Amount of \$ 3,000,000.00 In Compensatory Damages
2. \$ 2,000,000.00 In Punitive Damages
3. Including Attorney fees and cost, and all other Appropriate Relief.

IV STATEMENT OF CLAIM

- (4) Claimant Asserts that Defendants All Knew or should have known that claimant had medical complications and was transferred to their facility to be further evaluated due to the "medical transfer". Defendants denied medical treatment and refuse to protect claimant from injury that is cited in this application. Claimant at all times requested a lower bunk due to his medical complications.

Claimant was Denied.

IV STATEMENT OF CLAIM

- (5) Warden C. Howard is responsible for the overall operation and function of the prison. Warden Howard knew or should have known that claimant was transferred from other prison for the purpose of obtaining "Specialist" i.e. "orthopedist" Evaluation by sending Institution RayBrook, NY. Date of evaluation was 8-13-2019 by Medical provider K. Sorrell. Warden C. Howard was negligent in not providing Claimant with the proper care, and due to this negligence, Claimant sustained injury.
- (6) Clinical Director E. Stahl is responsible for the overall medical operations and medical Reviews and decision making. Director Stahl knew or should have known that claimant was transferred for the purpose of further orthopedic evaluation. Ms. Stahl failed to Review claimant's medical needs in which cause claimant to sustain injury.
- (7) Dr. T. Cullen, Medical Doctor is responsible for the medical care and overall physical Examination of prisoners, and the responsibilities of Evaluating and ordering the necessary care that is needed. Dr. Cullen, evaluated Claimant and knew or should have known about Claimant's Transfer for the purpose of obtaining

"Specialist - Orthopedic" Evaluation. DR Cullen failed and was negligent in his disregard for this Claimant's medical needs that resulted in his injury.

- (8) Physician Assistant (PA) S. Gosa is responsible for "Immediate" Medical Screening of this Claimant. (PA) Gosa knew or should have known about Claimant's medical issues. In fact, (PA) Gosa has seen Claimant on many medical visits, and has refused to treat, Discuss, or evaluated Claimant's medical condition. (PA) Gosa has vehemently refused Claimant a lower bunk in order to protect Claimant for the injury he has suffered.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23rd day of June, 2020.


(Signature of Plaintiff)

ARLANDO STORY #51343-074
Allenwood F.C.I. - medium
Federal Correctional Institution
P.O. Box 2000
White Deer, PA 17887

RECEIVED
SCRANTON

JUN 29 2020

PEH

DEPUTY CLERK

ALLENWOOD FEDERAL CORRECTIONAL INSTITUTION
WHITE DEER, PA 17887-2500

DATE

JUN 24 2020

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